

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/656309		FILING DATE 9.6.00		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51	1			
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11		4					61				
12	1	4					62				
13		4					63				
14		4					64				
15		4					65				
16	1						66				
17	1						67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26	1						76				
27	1						77				
28	1						78				
29	1						79				
30	1						80				
31	1						81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43	1						93				
44	1						94				
45		1					95				
46		1					96				
47		1					97				
48	1						98				
49		1					99				
50	1						100				
TOTAL IND.	15						TOTAL IND.				
TOTAL DEP.	48						TOTAL DEP.				
TOTAL CLAIMS	63						TOTAL CLAIMS				